

Annual Synthetic Minor Compliance Certification

A. Facility Identification

Facility or Company Name: _____

Montana Air Quality Permit Number: _____

Mailing Address (Street or P.O.Box): _____

City: _____ State: _____ Zip Code: _____ - _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail: _____

B. Reporting Period

(The reporting period should be the one-year, or shorter period, as required by your air quality permit. It will be assumed that the reporting period begins and ends at Midnight (12 A.M.) local time on the dates reported, unless specified otherwise.)

Period beginning: _____ Period ending: _____

C. Responsible Official (R.O.) Identification

(as designated in the air quality permit application)

Last Name: _____ First: _____ M.I.: _____

Title: _____

Mailing Address (Street or P.O. Box): _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone: _____ E-mail: _____

D. Synthetic Minor Certification of Truth, Accuracy, and Completeness

(the R.O. must sign this statement after the report has been completed)

The annual air emissions from _____ are below the threshold that would require this facility to obtain an air quality operating permit as required in ARM 17.8.1204(3)(b). I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained herein are true, accurate and complete.

R.O. Signature: _____ Date: _____